

Brightside Carers Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Brightside Carers Ltd is registered to provide personal care to people in their own homes. There were 25 people receiving care and support at the time of the inspection.

People's experience of using this service:

People told us they felt safe with the support of staff. Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them.

Where required people were supported to receive their medication as prescribed and staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse.

People were supported by staff who had the skills to meet their needs. People were able to consent to their care and we saw staff understood the importance of seeking consent before providing support. However, we found that the management team could improve their understanding of the Mental Capacity Act 2005 to ensure the principles of the act were promoted consistently.

People's nutritional needs were met, and people were happy with the support they received to enjoy a choice of meals. People were supported to access healthcare professionals when required.

People spoke very positively about the staff that supported them and told us staff were kind and caring in their approach. People's privacy and dignity was respected, and their independence was maintained and encouraged.

People received individualised care and support from regular staff that demonstrated detailed knowledge of people's individual needs. The service supported and employed a number of people of Asian heritage. We saw guidance information for staff had been translated to support staff where English was not their first language. The provider also had plans in place to produce information such as individual care plans and the provider's newsletter, in people's first language to aid their understanding.

People told us they were involved in their care and their needs were assessed and reviewed on a regular basis. People's care records were person centred and guided staff on the way they preferred their care and support to be provided.

People and relatives told us they had not needed to make a complaint but knew how to and would feel comfortable doing so should they need to. Where people had raised concerns, they advised the provider had taken prompt action to resolve the issue.

The management team had systems in place to monitor the quality of the service that they provided and looked to develop the service further. People, their relatives and staff all spoke positively about the service

and said it was well managed.

Rating at last inspection:

At the last inspection we rated Brightside Carers Ltd as 'Good' (report published on 17 January 2017).

Why we inspected:

This was a planned inspection which took place on 28 June 2019. Telephone calls were made to people receiving care and their relatives on 02 July 2019.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Brightside Carers Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Brightside Carers Ltd is a domiciliary care service. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. The registered manager is also the registered provider and they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because the management team are often out supporting people. We needed to be sure that they would be in.

We visited the service on 28 June 2019 to see the management team, meet staff and to review care records and policies and procedures. We made calls to people and their relatives on 02 July 2019.

What we did:

When planning our inspection, we reviewed any information we had received about the service. We also contacted the local authority for feedback about the service. We used this information to help us decide what areas to focus on during the inspection.

During the inspection we spoke with registered manager, who is also the provider. We spoke with two senior

carers and four care workers. We spoke by telephone with two people who used the service and four relatives. We also received information from one healthcare professional by email following the inspection. We looked at four people's care records to see how their care and support was planned and delivered. We also looked at medicine records, one staff recruitment file, the staff training matrix and the provider's quality monitoring systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy with the support they received.
- Staff stated that they had not had reason to raise concerns but were able to do so with the management team if needed, and they were assured that action would be taken as a result. They were also aware of external agencies they could report concerns to if needed.

Staffing and recruitment

- All people and relatives we spoke with said that staff arrived on time, always stayed for the agreed length of time. One person said, "If anything, they [staff] sometimes stay over the agreed time."
- We looked at a staff recruitment record and saw the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and staff we spoke with were knowledgeable about how to minimise risks to people. For example, one relative told us their family member used a walking aid. They said staff walked with the person to ensure their safety and ensured the walking aid was to hand when they left.
- Care plans recorded people's risks and were reviewed on a regular basis. Daily notes were recorded to show any changes in people's wellbeing.

Using medicines safely

- Some people were supported to take their medicines, whilst other people were reminded by staff. One relative said, "Its [medication] all OK...they [staff] record when its done. If [person's name] refuses, they record it but always try again. They call to advise me."
- Staff told us they felt confident providing support with medication and had been trained to do so.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access and wore personal protective equipment (PPE). People and relatives, we spoke with confirmed that staff wore gloves when required and staff told us the provider ensured a good stock was always available to them.

Learning lessons when things go wrong

- There had been a minimal number of incidents, but the provider understood the importance of ensuring

lessons were learnt when incidents happened, or things went wrong. We saw on-going learning was discussed in staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This means people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the importance of gaining consent from people before providing support. One person said, "They [staff] ask me what I like, and I tell them what I want." One relative also commented, "They [staff] always ask, they don't just do things." However, we found that the management team could improve their understanding of the Mental Capacity Act 2005 to ensure the principles of the act were promoted consistently.
- Staff told us that people were able to give their verbal consent to care, however where this was not possible they would look for facial expressions, body language or hand signs to indicate people's consent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were in control of their day to day care and staff listened to and acted upon their choices and preferences.
- Relatives told us communication was good and they told us they were updated with any changes in people's care.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People and relatives told us they thought staff were competent and supported people safely.
- Staff told us they felt access to training was good, staff completed the care certificate (national standards of training) when they started, and the provider ensured refresher training was completed as required. One member of staff told us they had been supported to develop their skills and enrol on higher level training with support from the provider.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some people were supported with their meals and drinks to ensure they maintained a healthy diet. Staff told us how they ensured people were supported with a choice of meals by advising them of the food available, so they could choose. At the time of the inspection no one required a specialist diet.
- People told us they would normally contact healthcare professionals themselves, however, they confirmed that staff would contact professionals on their behalf if requested. Care records showed where staff had contacted healthcare professionals in support of people's wellbeing.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives, we spoke with said they were treated with kindness and gave very positive feedback about the caring approach of staff. One relative said, "To know such lovely girls [staff] are looking after [person's name] gives me peace of mind. They [staff] never rush [person's name]. They are respectful and reassuring. When they leave they always say, I'll be back later."
- Staff were well motivated to provide good care by the provider who they felt led by example. One member of staff told us, "I'm happy to come to work. It's a like a family."
- Staff spoke in a caring way about the people they supported, they told us by providing care to the same people they could build up relationships with people and get to know them and their families. One member of staff said, "I love the clients [people] and they love me. We [staff] get positive feedback".

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were given choices and their preferences were respected by staff.
- Regular reviews enabled people to express their choices and discuss any required changes.
- Staff we spoke with demonstrated they understood the importance of ensuring people were able to make their own choices regarding their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff explained how they promoted people's independence by ensuring they were aware of what the person could do for themselves encouraging this and providing support where required. One relative told us their family member abilities fluctuated and staff responded to this. They commented, "They [staff] adjust."
- People and relatives told us that staff respected their privacy and dignity. One person told us, "[Staff] do treat me with dignity and keep things private." Staff we spoke with demonstrated they understood how to ensure this was done and the importance of this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. One relative gave an example of how their family member was supported. They commented, "Staff recognise how [person's name] is on different day. They have good knowledge."
- People were supported by regular carers and were able to build up good relationships with them. One relative said, "They [staff] speak to [person's name] like I do. They are so gentle, so lovely. Nothings is too much trouble."
- One healthcare professional told us they had received positive feedback from one person who said that even when the regular carers were on holiday, the respite carers were also excellent.
- People directed their care on a daily basis and they told us, staff were responsive to any required changes. One relative gave an example of how they needed the care provided to be flexible in response top the person's healthcare condition. The relative said, "They [staff} adjust times and are very responsive. They are very good."
- People's care was reviewed with them and their relatives to ensure it reflected their current needs. One person said, "I told them things needed changing. They have now changed the care plan." In addition to reviews with the individual people, the provider had developed a carer review, where the management team met with each person's regular carer, so they could review the care provided.
- We looked at information made available by the provider to support people and signpost them to other services to see if this information is accessible to the people that use the service. The service supported and employed a number of people of Asian heritage. We saw guidance information for staff had been translated to support staff where English was not their first language. The provider also had plans in place to produce information such as individual care plans and the provider's newsletter, in people's first language to aid their understanding.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make a complaint or raise concerns but knew how to and would feel comfortable doing so. One relative told us when they had raised one concern requiring a change, the management team had been responsive, and action had been taken.
- We saw that where the service had received written complaints, the provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided.

End of life care and support

- The service was not currently supporting anyone who was receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means the service was consistently managed and well led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in place. The registered manager in this case was also the provider.
- People and relatives spoke positively about the service, which they felt was well managed. One relative told us, "I think they are very good. I have fed that back to them."
- One healthcare professional we contacted with also said they considered the service well managed. They said, "I consider this to be a very good care agency – the manager knows the people well that use the service, it does appear to be a well lead and responsive service that gets customer satisfaction."
- The management team had systems in place to monitor the quality of the service that they provided. This included regular checks of the communication logs which included the medicine administration records and reviews of the care and support people received.
- Staff we spoke to told us that they had regular supervisions and team meetings to discuss any concerns and share best practice.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service promoted person centred and high-quality care.
- Staff told us they felt listened to and supported by the management team. One member of staff commented, "The company ethos is to care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A service user questionnaire had been completed in March 2019 and we saw the provider had received positive feedback on the service.
- The provider had developed a newsletter which they sent to all people using the service and their relatives. The newsletter gave useful contact numbers of other agencies and information on various topics for example, the June 2019 newsletter gave advice on safeguarding adults and direct payments, as well as pictures of Birmingham and a word search puzzle.

Continuous learning and improving care

- The management team showed a commitment to developing the service.
- The provider told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included attending training sessions,

local authority managers meetings and accessing on-line guidance and information, for example, the CQC website.

Working in partnership with others

- The management team had established and maintained good links with local community groups and healthcare professionals, which people benefited from. For example, we saw examples where they had worked closely with social work teams. The provider was also a 'care ambassador' and had given talks in schools and on a local radio station to provide information on care and promote care services.